**Underage drinking: more needs to be done to curb this increasing problem**

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Alcohol is responsible for the deaths of more children and young people than all the illicit drugs combined, yet more and more of Australia's youth is taking up drinking. In fact, over 70 per cent of teenagers aged between 14 and 19 admit to drinking and about one in three admit to drinking at harmful levels, yet the problem of teenage drinking is not being taken seriously enough.

There seems to be a general belief that only children from a high risk background begin drinking at an early age and drink to harmful levels. This is not true. The problem is much more widespread.

Research indicates that most binge drinkers are ordinary teenagers from ordinary backgrounds, and increasingly it is young girls who are placing themselves at risk – and that risk is very high indeed.

Risky alcohol consumption contributes to a significant amount of teenage injury including falls, drownings, assaults, and of course, road trauma.  It is also a major factor in teenage suicide. So what can be done?

After reviewing more than 1500 scientific books and articles to determine what works and what does not when it comes to preventing harm from risky drug use, there is strong evidence to support a number of strategies to reduce the risk for young drinkers.

Firstly, we need to provide effective drug education in the schools. Until recently, the majority of drug education programs have mimicked the US model, promoting abstinence or delayed onset of use. This approach has achieved varying levels of success, particularly in the short term, but only a few programs have been properly evaluated. We believe that drug education programs need to be based on the best available research evidence, need to be trialled with the target group (teenagers) and evaluated before being used widely in the schools.

The [School Health and Harm Reduction Project (SHAHRP)](http://db.ndri.curtin.edu.au/project.asp?projid=82) , which was trialled in Perth, is one such program and it has been particularly successful. This program achieved a staggering 20 per cent reduction in alcohol consumption compared to groups that had not taken part, and a 33 per cent reduction in harm associated with their drinking. SHAHRP was successful because it recognised that kids do drink, that they can't be 'alcohol proofed', so it focused on teaching them about alcohol, its effects, how much is too much and various strategies to keep themselves and others safe in situations where alcohol is available. The program has attracted interest from researchers in the UK and teacher educators in South Australia, the ACT, Tasmania and country Victoria are currently being trained in the use of the SHAHRP materials.



Interventions targeting drinking venues are particularly effective. Venues can be made safer for teenagers by training staff in responsible serving practices such as refusing to serve under-age drinkers, restricting trading hours, providing food and ensuring the availability of free water.



The family physician may also have an important role to play. Research suggests that teenagers do see their GPs as credible sources of information and will take their advice on health issues. If properly trained, the primary health care provider would be in an ideal position to give accurate information and advice to teenage patients about their use of alcohol. It may not be the reason for the visit, but opportunistic screening and counselling is known to be effective.

Finally, there is little doubt that there needs to be stricter policing of the laws that govern teenage drinking: minimum age requirements for the purchase of alcohol must be enforced and stricter penalties imposed on those who don't comply.

It is clear that there is not one solution to this issue, so it is essential that a whole of community approach is taken. We need multi level programs to foster young peoples' healthy development and to prevent harmful drug use.

